PTO/SR/21 (02-04) Approved for use through 07/31/2006. OMB 0651-003U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless it displays a valid OMB control number. Act of 1995, no persons Application Number 10/005,220 TRANSMITTAL Filing Date December 4, 2001 **FORM** First Named Inventor Keith D. Allen Art Unit 1632 (to be used for all correspondence after initial filing) Examiner Name Peter Paras Jr. Attorney Docket Number R-741 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance communication ~ Fee Transmittal Form Drawing(s) to Technology Center (TC) Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences Appeal Communication to TC 1 Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Terminal Disclaimer Extension of Time Request Identify below): Request for Refund **Express Abandonment Request**

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or
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Date

September 1, 2004

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Remarks

Information Disclosure Statement

Response to Missing Parts

Certified Copy of Priority

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for FY 2004 Effective 10/01/2003. Patent fees are subject to annual revision.

✓ Applicant claims small entity status. See 37 CFR 1.27

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		Application Number	10/005,220	
		Filing Date	December 4, 2001	
		First Named Inventor	Keith D. Allen	
		Examiner Name	Peter Paras, Jr.	
atus	s. See 37 CFR 1.27	Art Unit	1632	
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The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments 1812 2,520 1812 2,520 For filing a request for ex parte reexamination				
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1004 770 2004 385 Reissue filing fee 1403 290 2403 145 Request for oral hearing				
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
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1203 290 2203 145 Multiple dependent claim, if not paid 1810 770 2810 385 For each additional invention to be	\dashv			
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SUBMITTED BY			(Complete (if application)	able))
Name (Print/Type)	Kelly L. Quast	Registration No. (Attorney/Agent) 52,141	Telephone 650-5	569-5100
Signature	KellyHuart		Date . 09-0	1-04

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